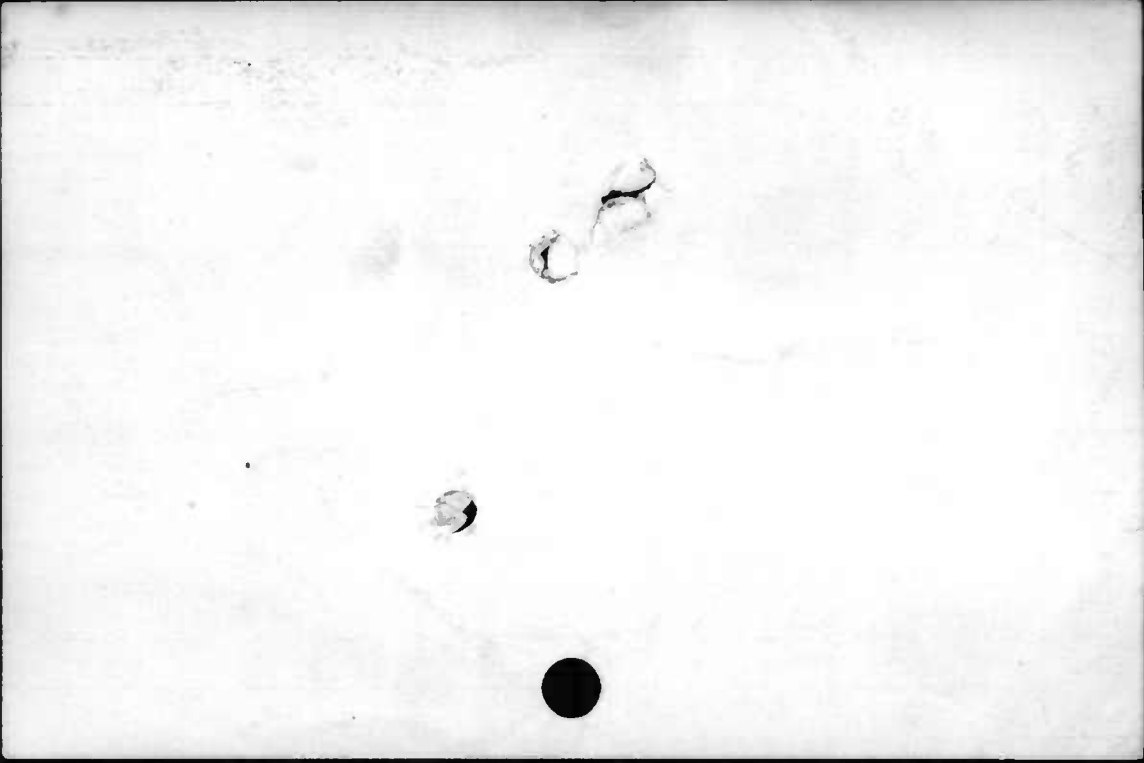
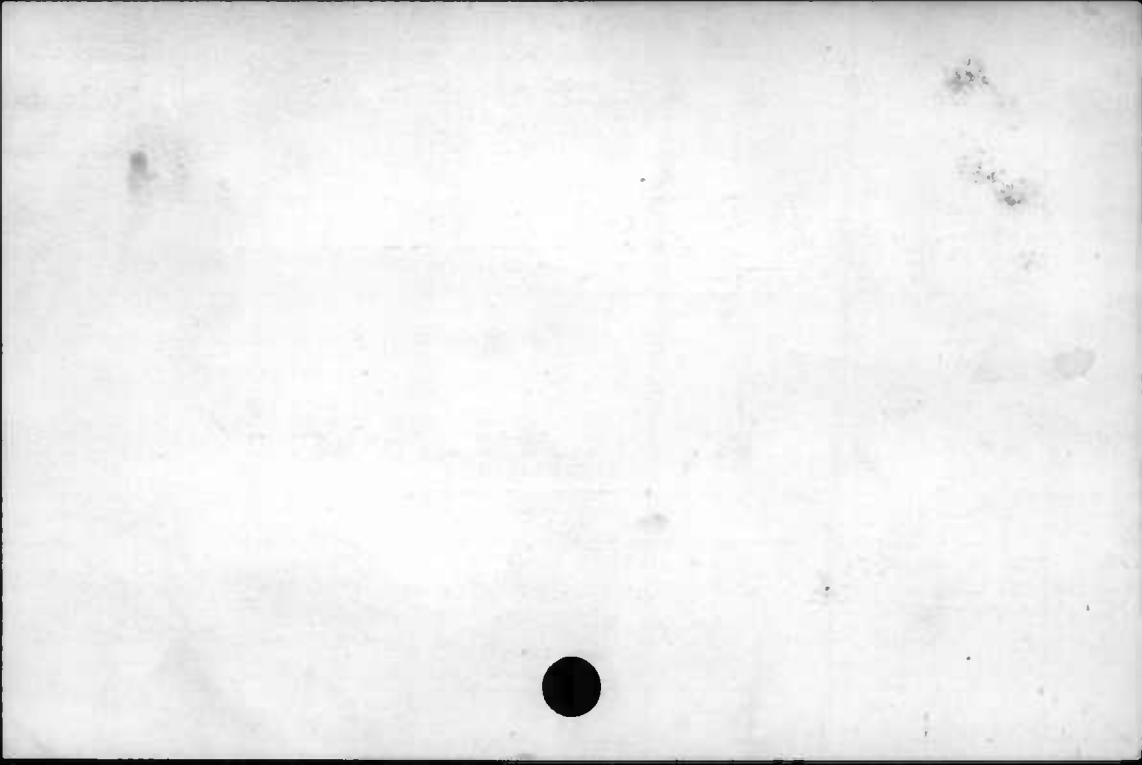


Name in Full		Hiram Ballard				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Weston</i>			County <i>Somerset</i>		MARYLAND	
	Date of death <i>1900</i>	Month <i>May</i>	Day <i>8</i>	Age <i>21</i>	Years <i>21</i>	Months <i>3</i>	Days <i>20</i>
	Sex <i>male</i>		Color or Race <i>Black</i>		Birthplace <i>md.</i>		
	Occupation <i>laborer in brick yard</i>			Where Residing if not at place of death <i>—</i>			
	Married, Single or Widowed <i>married</i>		Name of Wife or Husband <i>Lily Ballard</i>				
	Father's Name <i>Hiram Ballard</i>				Father's Birthplace <i>md.</i>		
	Mother's Maiden Name <i>Ellen Cones</i>				Mother's Birthplace <i>md.</i>		
Name of person giving information <i>Ellen Ballard</i>				How related to deceased <i>mother</i>			
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary <i>Pulmonary Tuberculosis</i>			How long <i>About 4 mos.</i>			
	Immediate <i>Cardiac Asthenia</i>			How long <i>About 2 wks.</i>			
	Are the name, age, sex, color, date and place correctly given above? <i>yes</i>			Signature of Physician <i>Chas. T. Fisher M.D.</i>			
				Address <i>Princess Anne, Md.</i>			
Accident or Suicide?							



Name in Full		Town				County		CERTIFICATE OF DEATH	
Infant.		Benton		Dorchester		MARYLAND			
Died at		Dorchester		Somerset					
Date of death		1906		May		20th		Age	
Sex		Female		Color or Race		White		Birthplace	
								Som. Co.	
Occupation				Where Residing if not at place of death					
Married, Single or Widowed		Single		Name of Wife or Husband					
Father's Name		Edward Benton		Father's Birthplace		Som. Co.			
Mother's Maiden Name		Julia Webster		Mother's Birthplace		Som. Co.			
Name of person giving information		Edward Benton		How related to deceased		Father			
CAUSES OF DEATH									
Primary		Cecum plexia		(138)		How long		1 day	
Immediate						How long			
Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician		D. J. Winters, M.D.			
				Address		Dorchester			
Accident or Suicide?		no				Som. Co., Md.			



Name
in
Full

Caroline Bivens

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

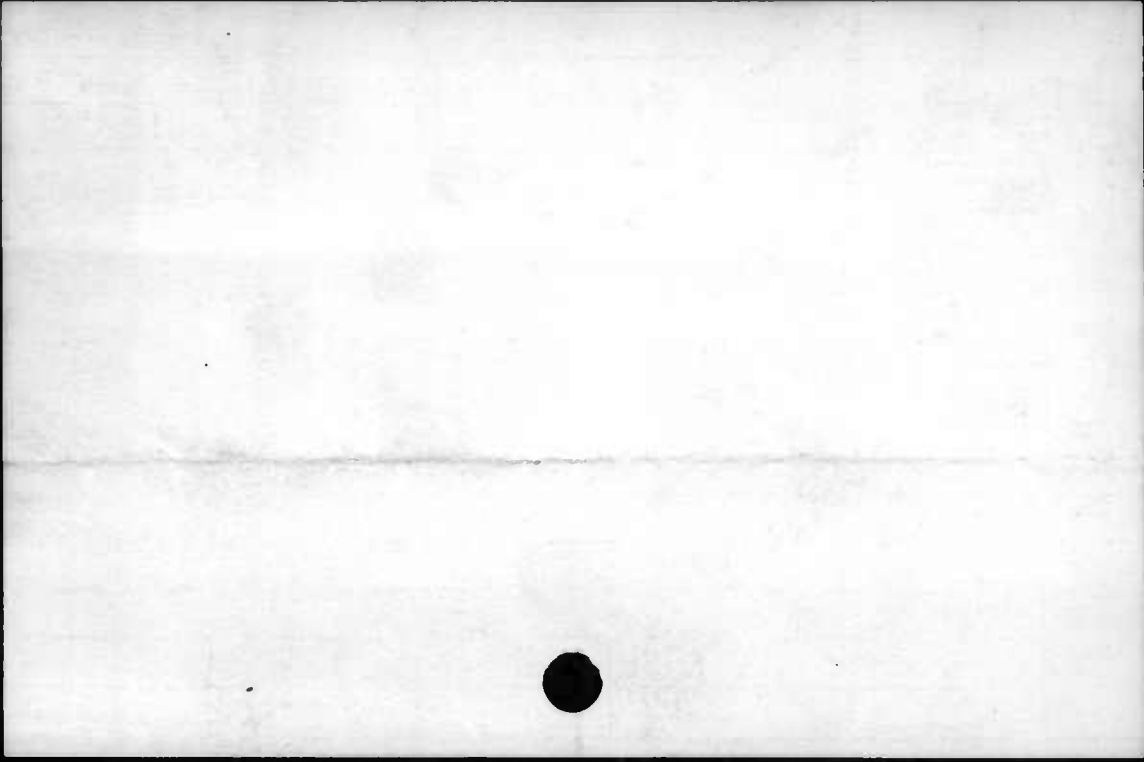
MARYLAND

Died at <i>Marion</i> Town		<i>Somerset</i> County			
Date of death <i>1906</i>	Month <i>May</i>	Day <i>3rd</i>	Years <i>61</i>	Months <i>7</i>	Days <i>1</i>
Sex <i>Female</i>	Color or Race <i>Black</i>		Birth-place <i>Virginia</i> ^{<i>Northumberland</i>} Co.		
Occupation <i>Midwife</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>married</i>	Name of Wife or Husband <i>William Bivens</i>				
Father's Name <i>William Anderson</i>	Father's Birthplace <i>Virginia</i> ^{<i>Northumberland</i>}				
Mother's Maiden Name <i>Mary Carter</i>	Mother's Birthplace <i>Virginia</i>				
Name of person giving information <i>Olara Elbert Brown</i>	How related to deceased <i>Daughter</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Chronic Nephritis</i>	How long <i>120</i>
Immediate <i>Paralysis</i>	How long <i>3 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>N. F. Hull</i>
	Address <i>Brayfield Rd</i>
Accident or Suicide? <i></i>	



Name
In
Full

Samuel Ballard

5/18/21

CERTIFICATE OF DEATH

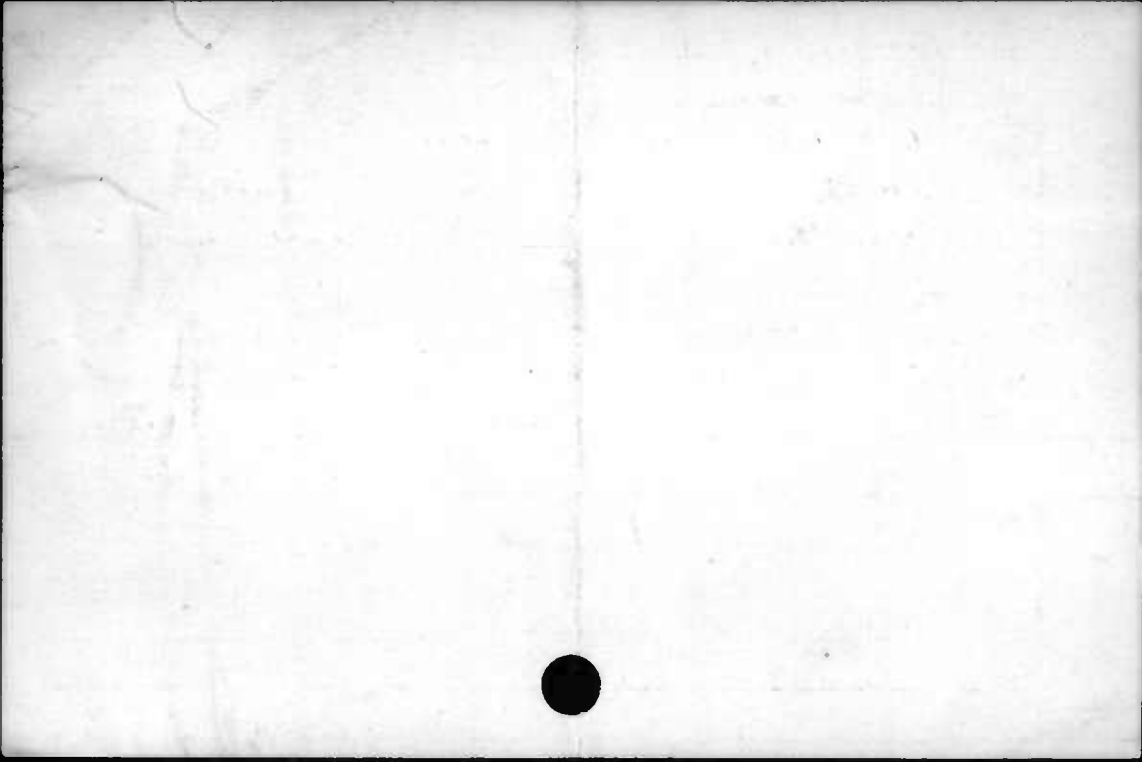
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Princeton</i>			County <i>Somerset</i>		MARYLAND	
Date of death <i>1906</i>	Month <i>5</i>	Day <i>13</i>	Age <i>44</i>	Months	Days	
Sex <i>Male</i>		Color or Race <i>Black</i>		Birth-place <i>Princeton</i>		
Occupation <i>Iron Foundry</i>			Where Residing if not at place of death <i>Princeton Md</i>			
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Elmore Ballard</i>				
Father's Name <i>Theodore Ballard</i>			Father's Birthplace <i>Curtis Ohio</i>			
Mother's Maiden Name <i>Mary Ballard</i>			Mother's Birthplace <i>Curtis</i>			
Name of person giving information <i>Mary Ballard</i>			How related to deceased <i>Sister</i>			

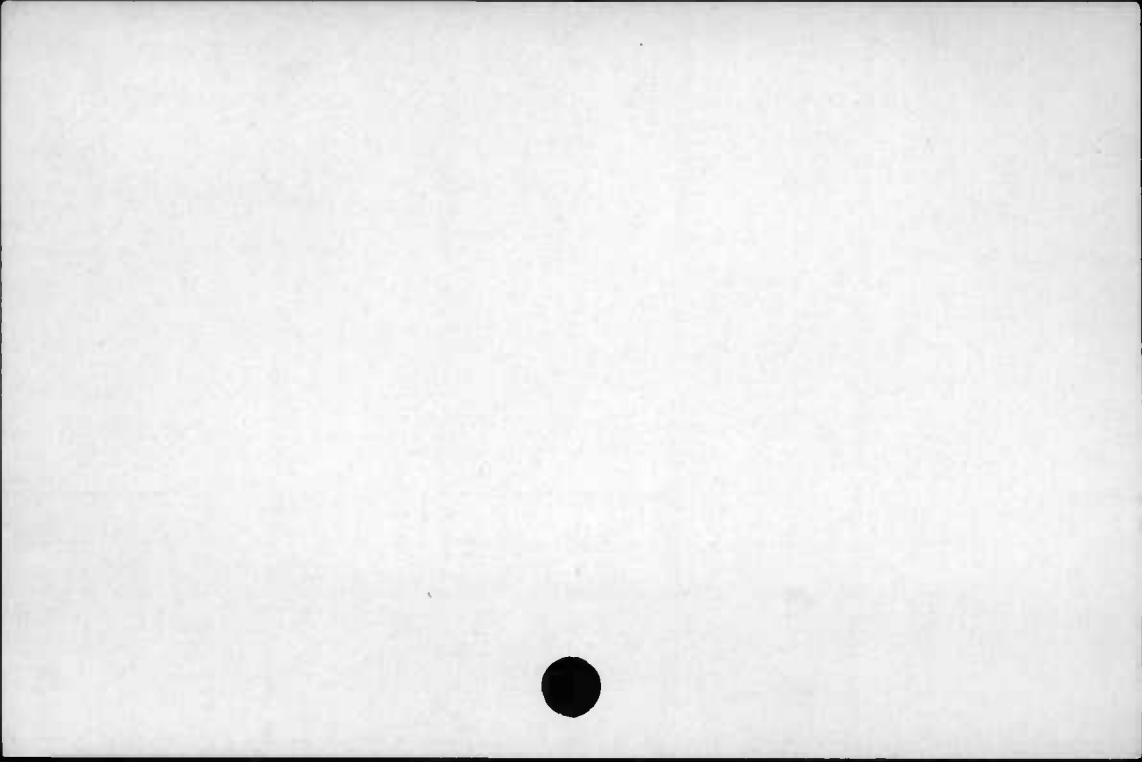
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Infarction</i>	How long
<i>James D. Dennis</i>	How long
Immediate <i>Undertaker</i>	
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>J. D. Dennis</i>
	Address <i>Dennis, Md</i>
Accident or Suicide?	



Name in Full		Samuel Brinkley				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Marion		County Somerset		MARYLAND
	Date of death		1906	Month May	Day 16	Age 72	Months —
	Sex		male		Color or Race		Colored
	Occupation		Farming		Birth- place		Somerset Co Md
	Where Residing if not et place of death		—				
	Married, Single or Widowed		Married		Name of Wife or Husband		Nancy Brinkley
	Fether's Name		Benj Brinkley		Fether's Birthplace		Somerset Co
Mother's Maiden Name		Don't Know		Mother's Birthplace		—	
Name of person giving In formation		James Barnett		How related to deceased		Nephew	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary		Genl debility		How long		3 months
	Immediate		Exhaustion		How long		—
	Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician		James Barnett
					Address		Marion Sta' md
	Accident or Suicide?		No physician in attendance				



Edward J. Brittingham
 Town County
 Dublin Somerset

MARYLAND

19 06 5 8 Age 65 - - Native of Md Occupation Farmer
 Male White Married ~~Widow~~ ~~Divorced~~
~~Female~~ ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living

Husband of Florence Butler
 Wife

Father's Name James M. Brittingham Mother's Maiden Name

64

Cause of Death { Primary Hemorrhage upon Brain
 Immediate Paralysis

How long sick 1 Day
 Accident, Suicide, Homicide

Reported by Chas. W. Wainwright M.D.

Address Prince Anne Md.

Must be signed by physician, if any in attendance, otherwise coroner, undertaker or minister.



Name
in
Full

Calvin A. Evans

CERTIFICATE OF DEATH

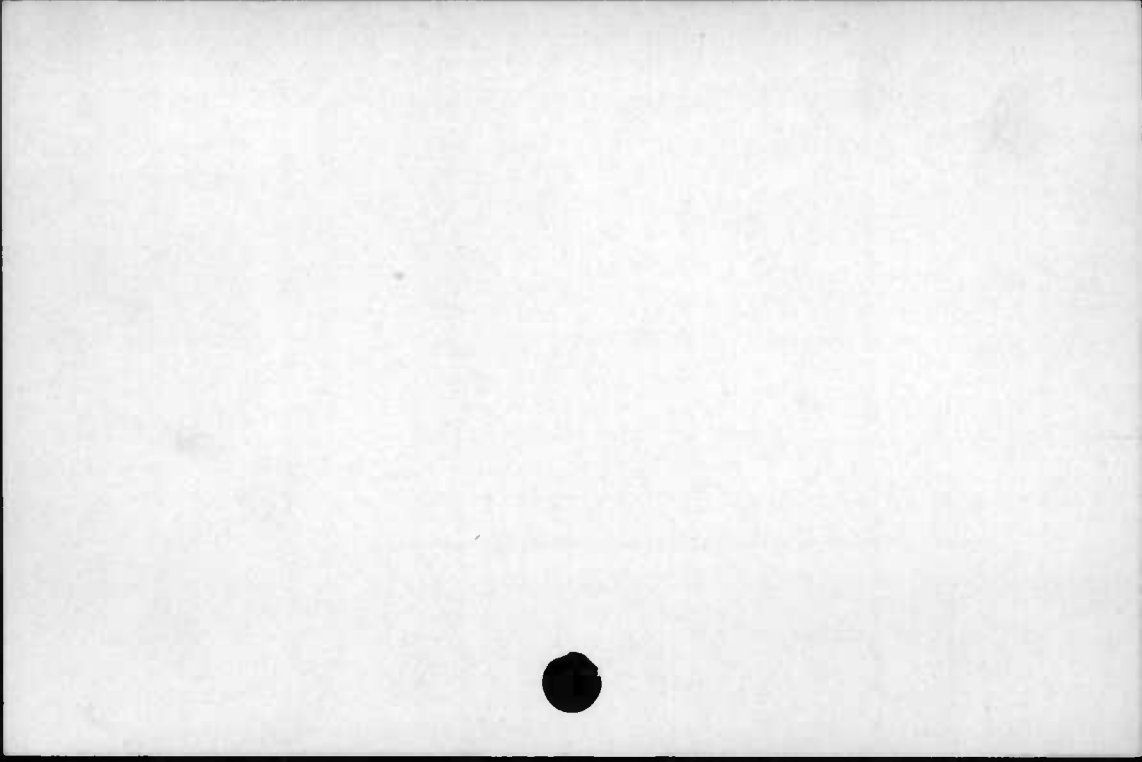
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Cowell		County Somerset		MARYLAND	
Date of death		Month May	Day 20	Age 14	Years 1	Months 23	Days
Sex Male		Color or Race White		Birth- place Smiths Island			
Occupation Oysterman				Where Residing if not at place of death			
Married, Single or Widowed Single		Name of Wife or Husband					
Father's Name Jobbin A. Evans				Father's Birthplace Smiths Island			
Mother's Maiden Name Rachel C. Pruitt				Mother's Birthplace Pangier Island			
Name of person giving In formation David F. Smeade				How related to deceased Cousin			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Septic arthritis	How long	3 months
Immediate	Exhaustion	How long	12 hours
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yes		R. H. Pawel	
		Address Cowell, Md.	
Accident or Suicide?			



Name
In
Full

CERTIFICATE OF DEATH

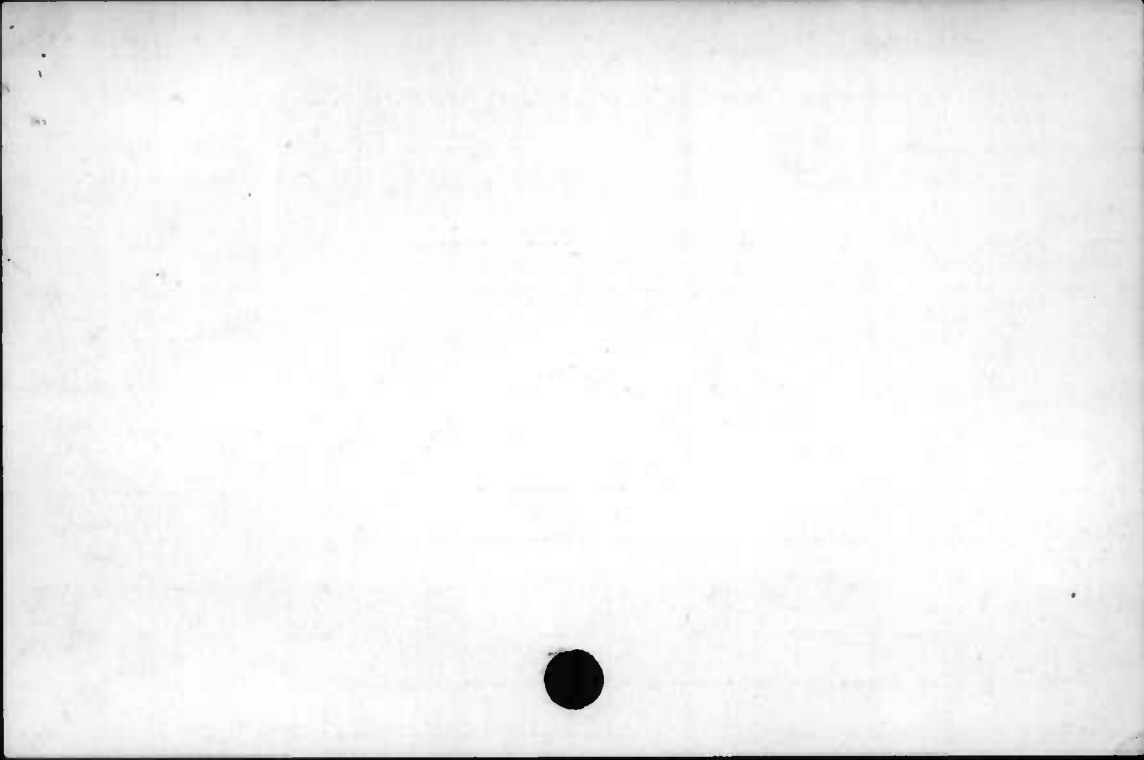
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Princess Anne</i>		Town <i>Princess Anne</i>		County <i>Somerset</i>		MARYLAND	
Date of death <i>1906</i>	Month <i>May</i>	Day <i>23</i>	Age <i>14</i>	Years <i>14</i>	Months <i>—</i>	Days <i>—</i>	
Sex <i>male</i>	Color or Race <i>Black</i>		Birth-place <i>md.</i>				
Occupation <i>Laborer</i>			Where Residing if not at place of death <i>—</i>				
Married, Single or Widowed <i>single</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>John Hooks</i>			Father's Birthplace <i>md.</i>				
Mother's Maiden Name <i>Mary Morris</i>			Mother's Birthplace <i>md.</i>				
Name of person giving information <i>Jas. Dennis</i>			How related to deceased <i>none.</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pulmonary Tuberculosis</i>	How long <i>3 or 4 mos</i>
Immediate <i>Anemia</i>	How long <i>Several days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Chas. Fisher M.D.</i>
	Address <i>Princess Anne, md.</i>
Accident or Suicide? <i>md.</i>	



Name
in
Full

CERTIFICATE OF DEATH

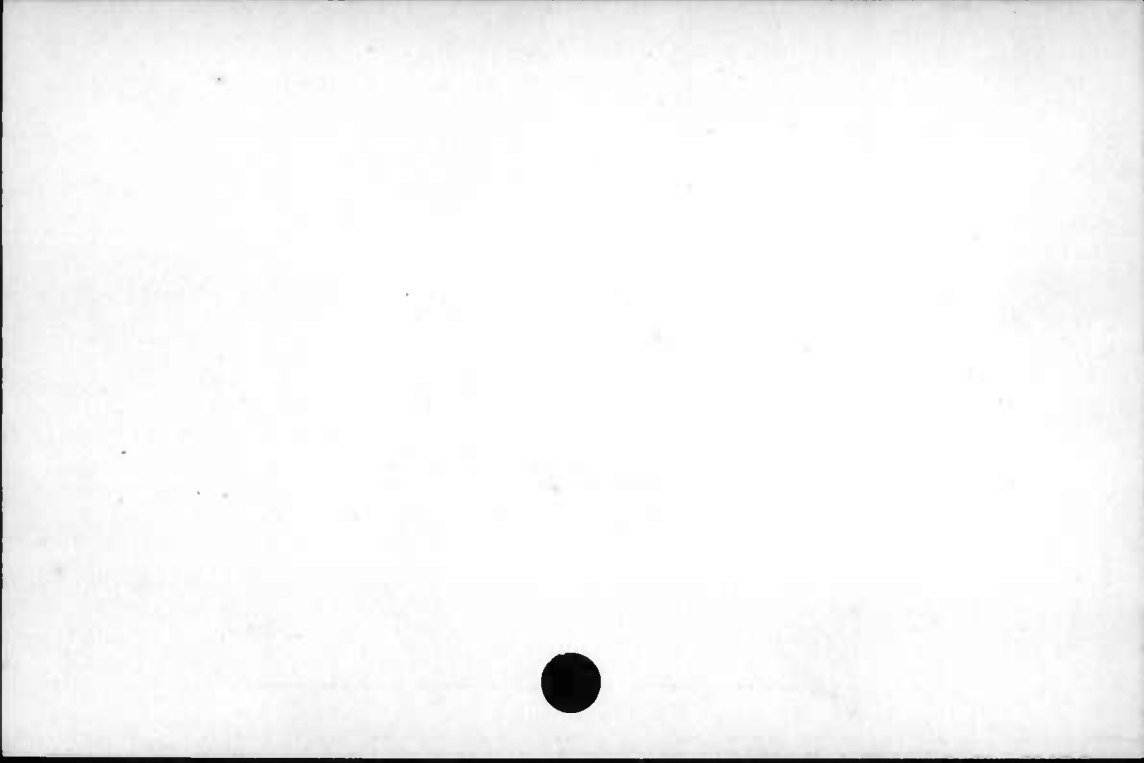
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Chance</i>		Town <i>Chance</i>		County <i>Somerset</i>		State <i>MARYLAND</i>	
Date of death 190	<i>6</i>	Month <i>May</i>	Day <i>29</i>	Age <i>—</i>	Years <i>—</i>	Months <i>—</i>	Days <i>3</i>
Sex <i>male</i>	Color or Race <i>white</i>		Birth- place <i>Som. Co.</i>				
Married, Single or Widowed <i>—</i>				Occupation <i>—</i>			
Name of Wife or Husband <i>—</i>							
Father's Name <i>Calvin Glad den</i>				Father's Birthplace <i>Som. Co.</i>			
Mother's Maiden Name <i>Carrie France</i>				Mother's Birthplace <i>Som. Co.</i>			
Name of person giving In formation <i>Calvin Glad den</i>				How related to deceased <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Malformation of Heart</i>	How long <i>Congenital</i>
Immediate <i>(150)</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>D. J. Windsor, M.D.</i>
	Address <i>Salem Quarter, Somerset Co., Md.</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

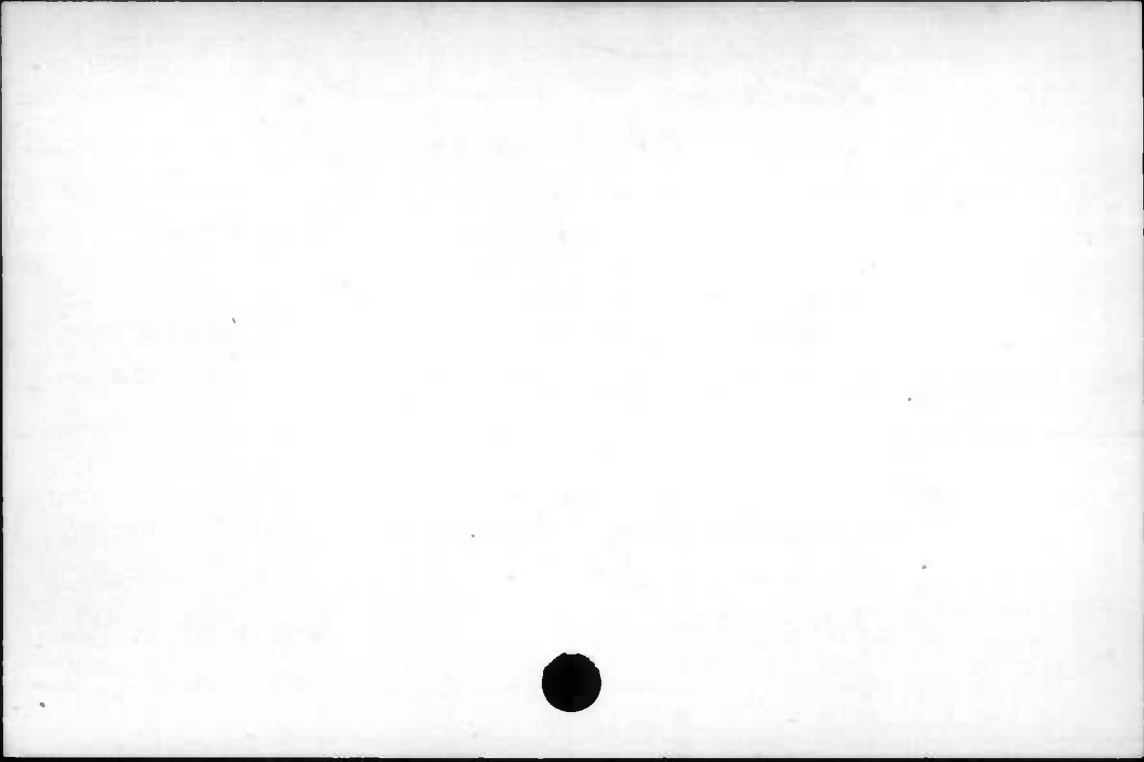
TO BE ANSWERED BY
NEAREST FRIEND

Henry White Hall		Town Marion		County Somerset		MARYLAND	
Died at		Date of death 1906		Month May		Day 1	
Sex Male		Color or Race White		Age 79		Years —	
Occupation Farmer		Birth-place Marion Md		Months —		Days 12	
Where Residing if not at place of death —		Married, Single or Widowed Widower		Name of Wife or Husband —		Father's Birthplace Marion Md	
Father's Name Richard Hall		Mother's Maiden Name Martha Landford		How related to deceased 125		Mother's Birthplace Somerset Co	
Name of person giving information —							

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Prostatic Enlargement		How long 20 years	
Immediate Retention		How long —	
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician W F Hall	
		Address Crossfield Md	
Accident or Suicide?			



Name
in
Full

Abbie Jones.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Heston		County Somerset.		MARYLAND	
Date of death 1906.		Month May		Day 25.		Years 25.	
Sex Female.		Color or Race Caucasian.		Birth-place Heston.		Months Days	
Occupation None.		Where Residing if not at place of death Heston					
Married, Single or Widowed		Name of Wife or Husband					
Father's Name William Jones.		Father's Birthplace Heston.					
Mother's Maiden Name Hester Maddox		Mother's Birthplace Heston.					
Name of person giving information John Jones		How related to deceased Brother					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Complication of Dementia	How long	2 years
Immediate	Physician C. J. Hamlin.	How long	7 weeks
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		J. H. C. C. M.D.	
Address		Heston Wm	
Accident or Suicide?			



Name in Full		Stella Maddox		5/18/11		CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at <u>Kingston</u> <small>Town</small>		<u>Somerset</u> <small>County</small>		MARYLAND	
		Date of death <u>1906</u> <small>Month</small> <u>May</u> <small>Day</small> <u>23</u> <small>Age</small> <u>34</u> <small>Years</small>		<u>34</u> <small>Months</small>		<u></u> <small>Days</small>	
		Sex <u>Female</u>		Color or Race <u>Colored</u>		Birthplace <u>Som. Co.</u>	
		Occupation		Where Residing if not at place of death			
		Married, Single or Widowed <u>Single</u>		Name of Wife or Husband			
		Father's Name <u>Frank Maddox</u>				Father's Birthplace <u>Som. Co.</u>	
		Mother's Maiden Name <u>Heather Maddox</u>				Mother's Birthplace <u>" "</u>	
		Name of person giving Information <u>Geo. W. Hall</u>		How related to deceased			
		<u>Undertaker</u>		CAUSES OF DEATH			
PHYSICIAN OR CORONER		Primary		<u>(66)</u>		How long	
		Immediate <u>Paralysis</u>				How long <u>Six weeks</u>	
		Are the name, age, sex, color, date and place correctly given above? <u>yes</u>		Signature of Physician			
				Address <u>Geo W. Hall [Undertaker]</u> <u>Kingston Md</u>			
		Accident or Suicide?					



Name
in
Full

Kittie Perry

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Fairmount</u> ^{Town}		<u>Somerset</u> ^{County}		MARYLAND	
Date of death <u>1906</u>	<u>May</u> ^{Month}	<u>8th</u> ^{Day}	<u>about 75</u> ^{Years}	<u></u> ^{Months}	<u></u> ^{Days}
Sex <u>Female</u>	Color or Race <u>Black</u>	Birth-place <u>Fairmount</u>			
Occupation <u>Housework</u>	Where Residing if not at place of death				
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>George Perry</u>				
Father's Name <u>Paul Perry</u>	Father's Birthplace <u>Fairmount</u>				
Mother's Maiden Name <u></u>	Mother's Birthplace <u></u>				
Name of person giving information <u>Geo Perry</u>	How related to deceased <u>Husband</u>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Dropsy</u>	(177)	How long <u>Six months</u>
Immediate <u>"</u>		How long <u>"</u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>J. E. Maloney, M.D.</u>	
<u>Yes</u>	Address <u>Upper Fairmount</u>	
Accident or Suicide? <u></u>		

From
Frederick W. Landon
Landonville, Md.

Name
in
Full

Marretta Pritchett

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died near <u>Princess Anne</u>		Town <u>Somerset</u>		County		MARYLAND	
Date of death	<u>1906</u>	Month <u>May</u>	Day <u>24</u>	Age <u>52</u>	Years	Months <u>5</u>	Days <u>8</u>
Sex <u>Female</u>	Color or Race <u>White</u>		Birth-place <u>Maryland</u>				
Occupation <u>Housewife</u>	Where Residing if not at place of death						
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Samuel J. Pritchett</u>						
Father's Name <u>George T. Berry</u>	Father's Birthplace <u>Virginia</u>						
Mother's Maiden Name <u>Mary Canebawing</u>	Mother's Birthplace <u>Maryland</u>						
Name of person giving information <u>John S. Pritchett</u>	How related to deceased <u>Son</u>						

CAUSES OF DEATH

(43)

PHYSICIAN
OR CORONER

Primary <u>Carcinoma of breast</u>	How long <u>1 year.</u>
Immediate <u>Septicaemia</u>	How long <u>1 week</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Henry M. Lambford M.D.</u>
	Address <u>Princess Anne</u>
	<u>Maryland.</u>
Accident or Suicide? <u>No</u>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Name *John H. Robinson Jr.* Town *Marion* County *Somerset*

Died at *Marion*

Date of death *1906* Month *May* Day *9th* Age *8* Years *5* Months *3* Days *3*

Sex *Male* Color or Race *Black* Birth-place *Marion*

Occupation *School boy* Where Residing if not at place of death *Marion*

~~Married, Single~~ *Single* Name of Wife or Husband _____

Father's Name *John H. Robinson* Father's Birthplace *Virginia*

Mother's Maiden Name *Mary L. Selby* Mother's Birthplace *Virginia*

Name of person giving information *John H. Robinson* How related to deceased *Father*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

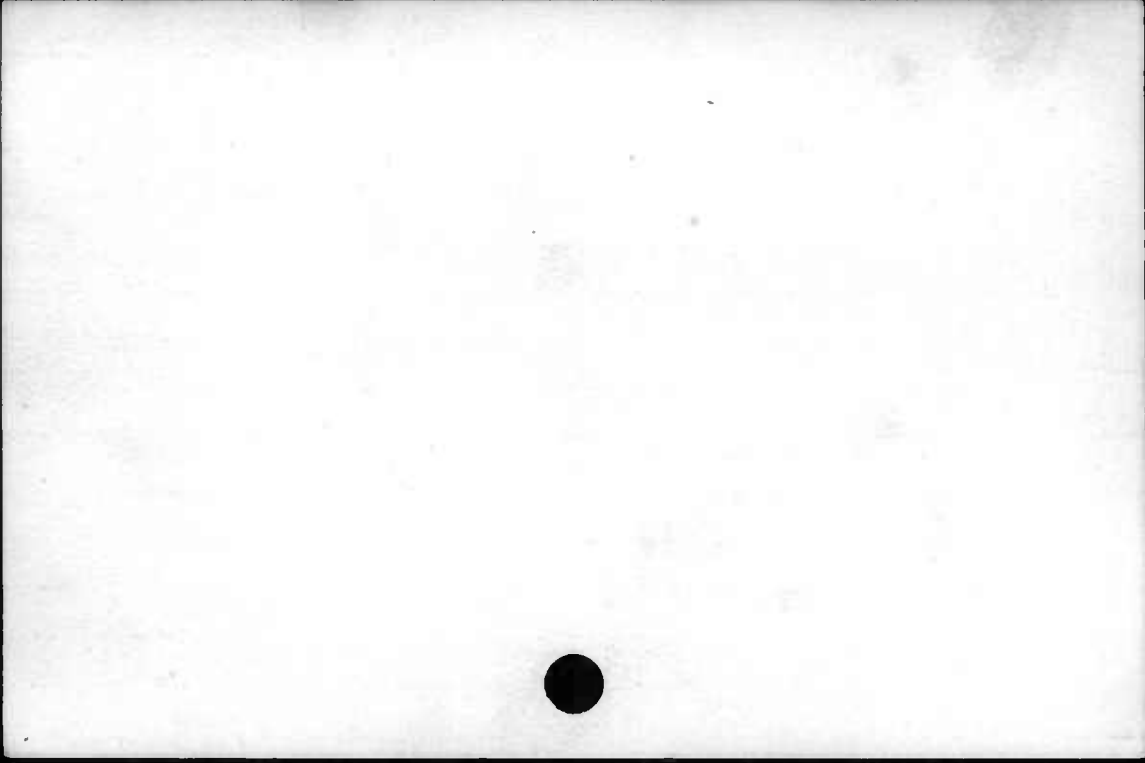
Primary *Fall* How long *3 days*

Immediate *Failure of respiration* How long *few hours*

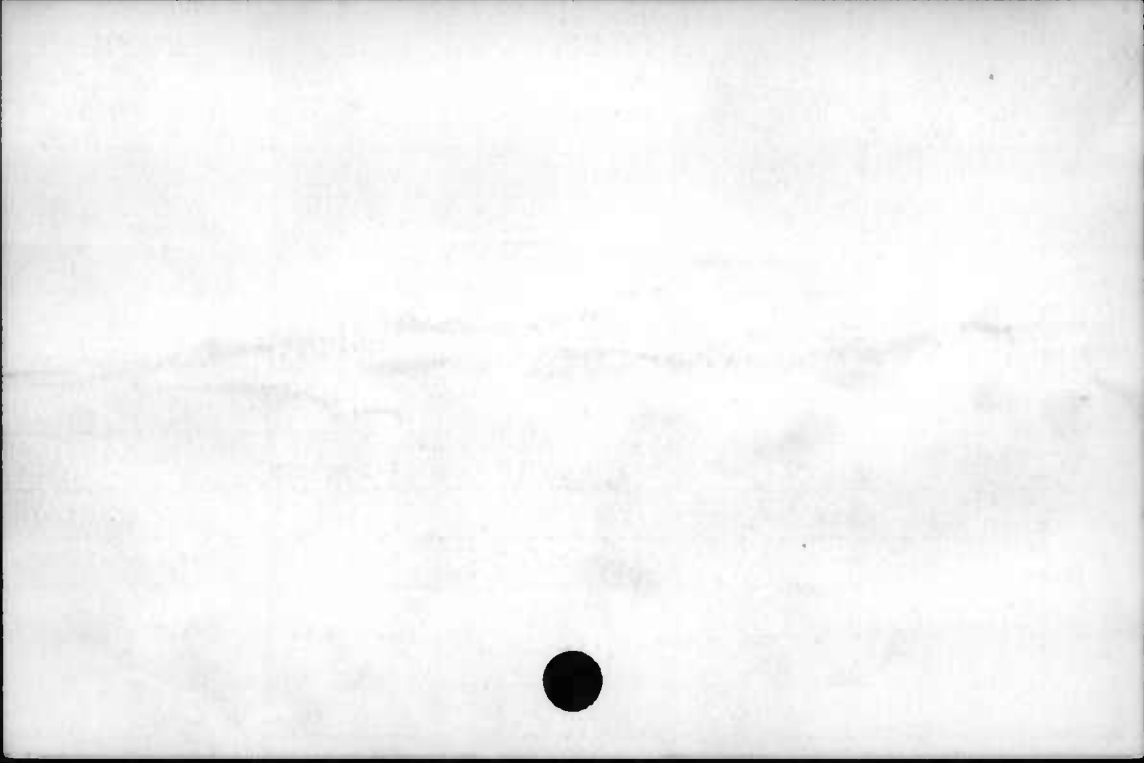
Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *E. E. Bell* Address *Marion Sta. Md.*

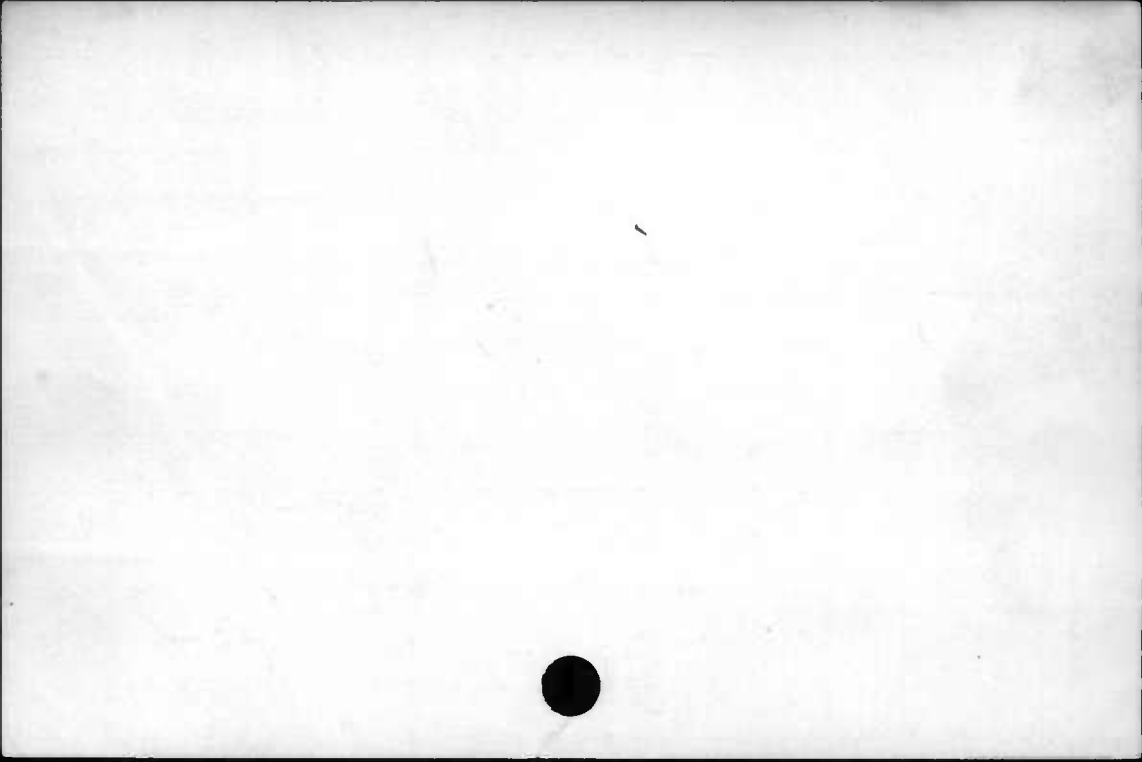
Accident or Suicide? *Accident*



Name in Full		Town		County		CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Princess Anne		Somerset		MARYLAND
	Date of death	1906	Month	May	Day	8	Age
					Years	—	Months
						—	Days
						—	6
	Sex	Male		Color or Race	Black		Birth- place
							md.
Occupation		—		Where Residing if not at place of death			
Married, Single or Widowed		—		Name of Wife or Husband			
Father's Name		Geo. Walston				Father's Birthplace	md.
Mother's Maiden Name		Mary Carroll				Mother's Birthplace	md.
Name of person giving information		Feather				How related to deceased	—
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary		Infantile convulsions				How long
							2 days.
	Immediate		Asphyxia				How long
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		Chas. T. Fishburne		
		Address		Princess Anne, md.			
Accident or Suicide?							



Name in Full		Certificate of Death			
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town		County
	Deal's Island		Somerset		MARYLAND
	Date of death	1906	Month	May	Day
	11		Age	5	Years
	Sex		Female	Color or Race	White
	Occupation		Birth-place		md
	Where Residing if not at place of death				
TO BE ANSWERED BY NEAREST FRIEND	Married, Single or Widowed		Name of Wife or Husband		Married
	Jessie Webster		Wash		Benton
	Father's Name		Father's Birthplace		md
	Mother's Maiden Name		Mother's Birthplace		md
	Name of person giving information		How related to deceased		son
Archie Benton		Son			
CAUSES OF DEATH					
PHYSICIAN OR CORONER	Primary		How long		3 years
	Pulmonary Tuberculosis		How long		2 weeks
	Immediate		How long		2 weeks
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		J. G. Alexander
	yes.		Address		Somerset Co
Accident or Suicide?					



Name
in
Full

Maggie Whittington

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death 1906		Month	Day	Age	Years	Months	Days
6		May	5	24			
Sex	female	Color or Race	Black	Birth-place	Crisfield		
Married, Single or Widowed	Married	Occupation	Home work				
Name of Wife or Husband	Sidney Whittington						
Father's Name	Charles Callinan				Father's Birthplace	Crisfield	
Mother's Maiden Name	Lina Staged				Mother's Birthplace	Crisfield	
Name of person giving information	Sidney Whittington				How related to deceased	Husband	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Typhoid Fever		How long	9 weeks
Immediate	Intestinal Subperitonitis		How long	
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician	[Signature]
			Address	Crisfield
Accident or Suicide?				

